



Department of Economic Development

Disaster Assessment for Missouri Businesses

1. Disaster Description					
A. Disaster Type Flood Tornado Other (Please describe): _____					
B. Date of Disaster/Start of Impact					
2. Company and Contact information					
A. Name of Company			B. Address		
C. Type of Company (description of activities)					
D. Company Contact Name		E. Contact Email		F. Contact Phone	
G. Own or lease the facility? Own Lease					
H. If Lease, Building Owner Name: Contact:			I. Number of Employees working pre-date of disaster		
J. Number of employees post-disaster			K. Description of impacted employee status		
3. Description of damage. Please provide details on whether all or any part is salvageable (rehab).					
A. Building		B. Equipment		C. Inventory	
				D. Other (access issues, impact to customer base, lack of power)	
4. Is the company in operation?					
A. In full? Yes No		B. In part? Yes No		C. Out of operation Permanently? Yes No	
5. Insurance					
A. Is there flood insurance? Yes No		B. Does the company have an NFIP policy on building damage? Yes No		C. Is the coverage adequate? Yes No	
D. Does the company have a separate NFIP policy on contents? Yes No				E. Is the coverage adequate? Yes No	
F. Is there adequate debris removal and demolition coverage, as necessary? Yes No				G. Does the company need help with cleanup? Yes No	
6. Describe what is necessary to get the company back into full operation and full employment and what the cost estimates of each of the activities.					
A. Is there a need for a temporary replacement facility? Yes No				Cost:	
B. Is there a need for an equipment loan, inventory loan or general working capital loan? Yes No				Cost:	
C. Is access to the company limited? If so, what improvements are needed to get trucks in and out? Yes No				Cost:	
D. Is there any other damage to public or private infrastructure causing an interruption to company operations? If so, please describe (utilities, streets, bridges, drinking water, sewer, internet, etc.) Yes No				Cost:	
E. Is there a need to train temporary or permanent employees? Yes No				Cost:	
7. Additional Information and Secondary Impacts					
1. Are you experiencing a disruption in the workforce due to damaged roadways/bridges or their personal homes? Yes No					
2. If the company's operations are impacted by customer loss (business interruption), what is the estimated period of time to get the customers back into a purchasing state? Yes No					
3. Does the company have specific plans for the recovery of the business? If so, please describe. Yes No					
4. Would the company be willing to share financial statements and other information about the operations with DED in order for us to determine how we may help? Yes No					